

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 541546

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.		DEP.		IND.			
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TOTAL DEP.								
TOTAL CLAIMS								

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
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